

Louisiana Industrialized Building Act Manufacturer and Dealer Registration Application

REGISTRATION TYPE

PLEASE PRINT ALL IN BLUE INK ONLY

Select One: <input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> DEALER
Select One: <input type="checkbox"/> Initial (New or reinstatement) <input type="checkbox"/> Renewal <input type="checkbox"/> Revision (Change in existing information) <input type="checkbox"/> Duplicate (For lost certificate of registration)	

FIRM INFORMATION

Name of Firm:		SFM Registration No. (Renewal only)
Mailing Address / City / State / Zip:	Physical Address / City / State / Zip:	
	<div style="border: 1px solid black; float: right; width: 150px; height: 40px; margin-top: -40px; padding: 5px;"> Physical Parish: </div>	
Telephone:	Fax:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		
Name of Firm's Contact Person:	Contact Person's E-Mail Address:	
Certified Inspection Agency and Address:	Inspection Agency LSUCCC Certification No.	
Notes: SFM - Louisiana Office of State Fire Marshal Code Enforcement and Building Safety LSUCCC - Louisiana State Uniform Construction Code Council		

DESCRIPTION OF MANUFACTURING FACILITY

Size of shed(s) for weather protection of building and materials (in square feet):	Size of yard at facility for storing buildings:
Site plan of the facility included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location plan of facility included? <input type="checkbox"/> Yes <input type="checkbox"/> No
Quality Assurance Program Manual or Quality Control Manual (QC Manual) included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes: The manufacturer shall submit a separate application for each of its plant locations. The Quality Assurance Program Manual shall be kept at each plant location.	

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Office of the State Fire Marshal, 8181 Independence Blvd., Baton Rouge, LA 70806
225-925-4911 or 1-800-256-5452 www.dps.louisiana.gov/sfm/

Check and complete the section below that applies to your company. Please PRINT. In the case of partnerships and corporations, all partners, principals and officers personal information must be shown. A principal is defined as one who holds an office in the corporation or is a board member or holds at least 5% interest in the company.

Name of Firm: _____	SFM Registration No. (Renewal only) _____
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() CORPORATION: Principals or Officers' Names & Titles

1. Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: ____/____/____

2. Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: ____/____/____

3. Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: ____/____/____

Add additional names on the back of this sheet of paper.

() PARTNERSHIP:

1. Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: ____/____/____

2. Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: ____/____/____

() INDIVIDUAL:

1. Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: ____/____/____

Name of Firm:	SFM Registration No. (Renewal only)
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CERTIFICATION

I certify and declare that all information contained in this application is true and correct and that I have read and understood its contents. I also understand that any willful omission or falsification of pertinent information required in this application is justification for the denial, suspension and/or revocation of my firm's registration.

Signatures of all Owners, Partners, Officers and/or Principals are required.
PLEASE SIGN IN BLUE INK ONLY!

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____
4. _____ Date: _____
5. _____ Date: _____
6. _____ Date: _____
7. _____ Date: _____
8. _____ Date: _____

Additional signatures can be made on back of this sheet of paper.